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## FACSIMILE TRANSMITTAL SHEET AND

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

## TO: <u>Teena Kay Mitchell</u> - <u>United States Patent and Trademark Office</u>

Fax No. 703-872-9306 Phone No. 703-308-4016

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on \_\_\_\_June\_14.\_\_\_\_, 2004, to the above-identified facsimile number.

FROM: Laura L. Frieko (Typed or printed name of person signing Certificate)

Fax No. 513-626-1355 Phone No. 513-626-2721

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

1) Reply Transmittal with One Month Extension

2) Reply After 3rd Office Action - 3 pages

3)

4)

5)

Number of Pages Including this Page: 6

Inventor(s): Paul John Rennie

October 2, 2000

S.N.: 09/647,575

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Case: CM1737

Filed:

Comments:

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

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## IN THE UNITED STATES PATENT & TRADEMARK OFFICE RESPONSE/AMENDMENT

Mail Stop Amendment
COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No.

09/647,575

Applicant(s)

Paul John Rennie

Filed

October 2, 2000

Title

NASAL SPRAY DEVICE WITH IMPROVED

SPRAY GEOMETRY

TC/A.U.

3743

Examiner

Customer No.

Teena Kay Mitchell

Conf. No.
Docket No.

8556

: CM1737 : 27752

- [] No additional fees (claims fees or extension fees) are known to be required.
- 2. [X] The fee has been calculated as shown below:

OTHER THAN A

	(Col. i)		(Col. 2)	(Col. 3)	SMALL BAILLY	
	CLAIMS REMAINING		HIGHEST NO.			
	AFTER		PREVIOUSLY	PRESENT	77.4 77.12	FFF
	AMENDMENT	ļ <u></u>	PAID FOR	EXTRA*	RATE	FEE
TOTAL	* 10	MINUS	** 10	= 0	x \$18 =	\$0.00
INDEP.	* 1	MINUS	*** 3	= 0	x \$86 =	\$0.00
FIRST PRES	ENTATION OF MULTI		+ \$290 =	\$0.00		
•					TOTAL.	\$0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

  If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- 3. [X] The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated February 12, 2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$110.00 for a one-month extension of time.
- 4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. [x] Any patent application processing fees under 37 CFR §1.16.
  - b. [x] Any patent application processing fees under 37 CFR §1.17.
- 5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

Laura L. Frieko

Date: June 14, 2004 Customer No. 27752 Attorney for Applicant Registration No. 52,920 Tel. No. (513) 626-2721

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Customer No.

27752

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- [X] The fee has been calculated as shown below:

2. (A	(Col. 1)	Clared us sir	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE _
TOTAL	• 10	MINUS	** 10	= 0	x \$18 =	\$0.00
INDEP.	+ 1	MINUS	*** 3	= 0	x \$86 ⇒	\$0.00
FIRST PRES	ENTATION OF MULTI	+ \$290 =	\$0.00			
					TOTAL	\$0.00

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Laura L. Frieko

Date: June 14, 2004

Attorney for Applicant Registration No. 52,920

Customer No. 27752

Tel. No. (513) 626-2721